

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Draft
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Tim Gwyn
Date: 6/18/2008
Time: 10:30 – 11:30 AM
Location: Wycliff – Conference Room 430

IPRS Core Team Attendees:

Gary Imes	Others:
Thelma Hayter	Cathy Bennett
X Eric Johnson	X Sandy Flores
Travis Nobles	X Paul Carr
X Cheryl McQueen	Theresa Diana
X Sharlene Bryant	Chris Ferrell
X Jamie Herubin	Rick Kretschmer
X Mike Frost	Wanda Mitchell
X Myran Harris	X April Taylor
	X Susie Pezzoni

Attendees:

X Alamance-Caswell	X Johnston
X Albemarle	Mecklenburg
X Catawba	X Onslow-Carteret
Centerpoint	X OPC
Crossroads	X Pathways
X Cumberland	X Piedmont
X Durham	X Sandhills
X Eastpointe	X SE Regional
X ECBH	X Smoky Mountain
X Five – County MHA	X The Beacon Center
X Foothills	X Wake
X Guilford	X Western Highlands
X Southeast Center	

Attendees:

Item No.	Topics
	<ol style="list-style-type: none">1. Roll call2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.3. Upcoming Check-writes (cut-off dates) – June 19, July 3, 10, 17, 244. Agenda items<ul style="list-style-type: none">• IPRS Questions or Concerns• MMIS Updates- Theresa Diana5. DMH and/or EDS concluding remarks<ul style="list-style-type: none">• For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.<ul style="list-style-type: none">▪ Physician phone analyst (i.e. Independent Mental Health Providers)-5▪ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 26. Roll Call Updates7. Next Meeting – June 25, 2008

Next Meeting: June 25, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.ganda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	<p>Roll Call:</p> <p>Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.</p> <p>Upcoming Checkwrites: (cut-off dates) – June 19, July 3, 10, 17, 24</p>
2.	<p>Agenda Item:</p> <p>No new agenda items.</p> <p>No Check write Questions</p>
3.	<p>IPRS Questions and Concerns:</p> <p>Lynn (Five County): We are Atypical and need clarification on what should be submitted on our claims?</p> <p>Jamie (EDS): Because you are an Atypical LME, no NPI is needed for your Billing Provider. But, NPI is submitted for your Attending and SFL Providers if those providers are typical. NPI is needed for your Attending Providers/SFLs that are Typical.</p> <p>IPRS will communicate to Medicaid regarding how IPRS Atypical LMEs are to submit.</p> <p>Christal (Eastpointe): Need clarification on providers who have individual provider numbers for each Enhanced Service, but has only one NPI for all numbers. Example: One <u>provider</u> who performs 16 Enhanced Services, has 16 different alpha suffix Provider numbers.</p> <p>Cheryl (DMH): The example should be fine, as we would map to the appropriate alpha suffix number based on the service submitted on the claim.</p> <p>Terry (Cumberland): Do the providers need a separate NPI for each Core number or do they need a separate NPI for each alpha suffix number?</p> <p>Cheryl (DMH): The Providers will need to decide how they are going to enumerate. If they decide to get a different NPI for every service level, the system can handle that. If they decide to get one NPI per location, meaning all the alpha suffix numbers have all the same NPI, then the system would handle it by selecting the appropriate alpha suffix based on the procedure code submitted on the claim. If they have multiple locations, they can choose to get one NPI for each location or if they decide to get one NPI to cover all of their locations, the system would handle this by taking the service on the claim, which will point to the correct alpha suffix and the zip code would point to the appropriate location.</p>

Deleted: Provider

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	<p>Terry (Cumberland): So if the Provider went with one NPI for all locations or a separate NPI for each location or a separate NPI for each service level, the system could handle all?</p> <p>Cheryl (DMH): Correct.</p> <p>Shelley (OCBHS): Location question. OCBHS has a site where multiple individual providers are located. Claims denied because they all had the same zip code. Were told we needed to make the zip codes unique.</p> <p>Eric (DMH): If you could not get a unique zip+4 for each of the Individual Providers, then the suggestion would have been that the LME would need to make the zip+4 unique for each provider.</p> <p>Shelley (OCBHS): Just wanted to be sure that changing the zip+4 to make them unique was ok.</p> <p>Eric (DMH): Yes and the LME would need to keep track of them if the zip+4 is a non-standard, not issued by the US Postal Service.</p> <p>Kelly (Durham): Question regarding the study being performed on 25% of Qualified Professional (QP) and provider numbers being ended. Is there a report that exists that lists provider numbers affected? If numbers are ended, it could affect LME claims processing in IPRS.</p> <p>Wanda (DMH): Who is initiating this study?</p> <p>Kelly (Durham): The State and DMA. As I understand it, after 2 months, if the provider does not consecutively meet the 25% Qualified Professional (QP) status, their number is automatically ended.</p> <p>Cheryl (DMH): These would be direct enrolled Medicaid numbers. Correct?</p> <p>Kelly (Durham): Yes.</p> <p>Cheryl (DMH): I thought we created a Provider Update report. I will look at the Report of Reports to try and locate.</p> <p>Tom (WH): Implementation Update 44 explains that a provider can lose their endorsement at a location for Adult but keep Child Community Support Services. But Adult and Child is billed under the same number. So if they lose Adult, will they lose Child as well?</p> <p>Eric (DMH) Submit to Q&A.</p>
4.	<p><u>MMIS Updates – Theresa Diana:</u></p> <p>Tom (WH): Following up on services submitted with the “BO” modifier.</p> <p>Susie (EDS): EDS File Maintenance sent over a memo to DMA to have the code added. Still waiting on a response.</p> <p>Tom (WH): It's been published since September and has not been paid for services. Is there some other way to get paid?</p>

	<p>Susie(EDS): There won't be a way to get paid until the code has been added to the benefit package.</p> <p>Teresa (Alamance): Attempting to bill S5145 therapeutic leave using the UB04 on the Web Tool. Any suggestions on how to correctly submit for payment?</p> <p>Kelly (Durham): You will need to change the Type of Bill from 843 to 863. There is no change to the Revenue Code.</p>
5.	<p><u>DMH and/or EDS concluding remarks:</u></p> <ul style="list-style-type: none">• For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.<ul style="list-style-type: none">○ Physician phone analyst (i.e. Independent Mental Health Providers) - 5○ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2 <p>Next Meeting – June 25, 2008</p>